In the Shadow of an Ailing Father, a Son Struggles with Nicotine Addiction

Jayson McMullen, 45, started smoking when he was barely a teen because he wanted to be like his dad. In high school, Jayson felt mounting pressure to smoke. "It was the thing to do, and I got hooked."

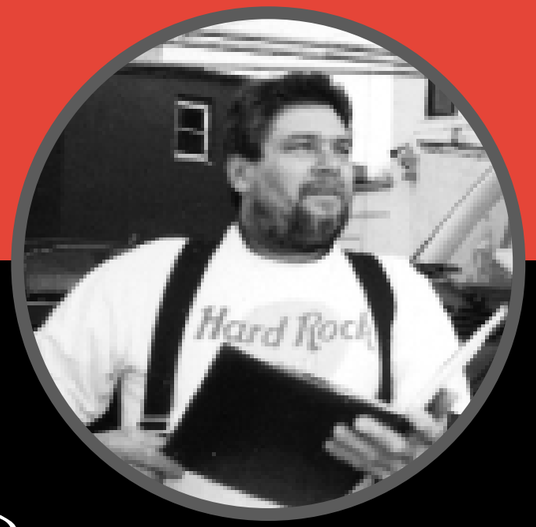
Over the years, Jayson also became addicted to drugs and alcohol, a habit that only exacerbated his smoking. In September 2000, he conquered his substance and alcohol addictions. Then he turned his full attention to quitting cigarettes.

"I felt a lot of health effects from the smoking," says Jayson, an Oradell resident. "I'd cough so violently that people thought I was sneezing." Besides concern for his own health, Jayson has watched his father, a life-long smoker, continue his losing battle with heart disease. "My dad's on oxygen 24 hours a day. His lungs shut down," he says. "He's actually going to drown to death. It's horrible."

Jayson attended Nicotine Anonymous meetings, where a friend gave him a wallet-size card that read, "If you're serious about quitting, call New Jersey Quitline." So he called. "I loved my counselor! She came into my home through the phone," he says. "As I became more aware of the chemicals and the dangers, it was like this veil of denial finally lifted." Jayson also found the reading materials helpful. "I read a booklet with the stories of people who quit, and it was really encouraging."

Since he quit smoking in April 2001, Jayson's take on life has changed for the better. "I'm so happy! Now I run five miles every morning – five miles!" he says. His sense of smell has improved, too – a bad thing when he's around smokers. "Smoking stinks," he says. "I can't believe I smelled that way!"

Perhaps the only person more elated than Jayson is his father. "My dad's the happiest guy in the world. He's dying from cigarettes, and the last thing he wants is his kid hooked."



Jayson McMullin

Evaluation and Research

Honing Performance Through Evaluation

The New Jersey Comprehensive Tobacco Control Program (CTCP) is a state-of-the-art strategic plan for reducing the premature death and disease caused by tobacco use in New Jersey. We have invested thousands of hours in design, development, coordination, negotiation, fiscal monitoring, evaluation, and technical assistance, and our most important question is, "How are we doing?" Performance evaluation provides the answer. We have amassed evaluation data that enable us to measure the impact of the CTCP on attitudes, behavior, and social and community norms of tobacco use, and to monitor our own internal process of coordinating statewide activities.

New Jersey is poised to be a leader in tobacco control. We have researched tobacco use in New Jersey, applied the Best Practices of the Centers for Disease Control and Prevention (CDC), and examined and evaluated the methods and models of other states in developing the strategic plan for New Jersey's CTCP. Rigorous data collection and analysis by an independent evaluator is essential, so DHSS funded the University of Medicine and Dentistry of New Jersey – School of Public Health (UMDNJ-SPH) to provide objective, credible information and analysis that we can use to develop and assess CTCP and measure program effectiveness and outcomes.

Accomplishments are measured against programmatic objectives and multiple data sources. We considered it absolutely necessary to obtain a baseline assessment of tobacco use behaviors throughout New Jersey as a starting point from which to evaluate the effectiveness of current tobacco control programs and to improve future program planning. Quantitative and qualitative data collected from all components of the program are used to monitor the extent to which each one – youth, treatment, media, and community partnerships – achieves its expected outcome. These data provide feedback to judge the success of the program, monitor progress toward intermediate and long-term goals, and help us implement adjustments to the program as necessary.

Baseline data and ongoing studies measure CTCP progress, helping to keep programs on track.

Cancer, heart disease, and emphysema take years to develop, and it will take years for this program to impact those numbers, just as it has taken other states with longer histories of tobacco control years to bring down the death toll. The promise lies in the successes that states like California have achieved 10 years into their programs.

Ongoing Surveillance and Baseline Studies

It is essential to collect baseline data before a program begins to ensure rigorous evaluation and surveillance. Given the multiple program goals, acquiring comprehensive baseline measures required several data sources. Therefore, we commissioned a number of baseline studies between 1999 and 2002 with the intent of conducting follow-up surveys for comparative data. UMDNJ-SPH just completed analyzing the second *New Jersey Youth Tobacco Survey* and is working on the analysis of the second *New Jersey Adult Tobacco Survey*.

The surveillance and evaluation activities conducted by UMDNJ - SPH to date include the following:

- *The New Jersey Youth Tobacco Surveys* (1999, 2001), which measured the prevalence of tobacco use and addressed knowledge, attitudes, and behaviors related to tobacco use among middle school and high school students. Compared to baseline data collected in 1999, cigarette smoking declined among both middle school (42 percent) and high school (11 percent) students in the past two years.
- *The School Health Education Profile Survey* (2000, 2002) was conducted among middle and high school principals to determine the prevalence of comprehensive tobacco control policies in public schools statewide. Survey data from the 2002 study will be published in the late spring, 2002.
- *The New Jersey Adult Tobacco Surveys* (2000, 2001) assessed the prevalence of tobacco use among adults, the existence of environmental tobacco smoke (ETS) policies, and cessation issues. We learned from the 2000 survey that 18- to 24-year-olds have the highest smoking rate (28.1 percent) compared to all adult age groups 25 years and older. Moreover, this rate is significantly higher than the rate of cigarette smoking for all adults generally in New Jersey (18.4 percent). Survey data from the 2001 study is currently being evaluated.
- *The Pregnancy Risk Assessment Monitoring System* (PRAMS) (2000) evaluated the prevalence of tobacco use among pregnant women and covered ETS and cessation issues. DHSS wil be conducting a second PRAMS study beginning in spring 2002.
- *The Workplace Survey* (2001) collected baseline data on smoking restriction policies in New Jersey workplaces, including bars and restaurants. The final report will be released in late spring 2002. While no date has been set, we plan to conduct a second workplace survey to provide follow-up data.
- *The Tobacco Health Plan Survey* is a study currently under way to better understand how various health plans in New Jersey cover tobacco-related treatment. The results will be available in early summer 2002.

Evaluation and Research

These surveillance systems have far-reaching implications for designing and evaluating various programs, such as tobacco dependence treatment, perinatal health interventions, restrictive smoking policies in schools and workplaces, and public education and media campaigns. DHSS predicted it would take at least two years of program implementation to begin to see the effect programs would have on preventing tobacco use among youth and to convince a significant number of current tobacco users to quit.

The *2001 New Jersey Youth Tobacco Survey* (NJYTS) provides our first comparative data to an earlier baseline study. The NJYTS will continue to serve as a critical evaluation tool for the design, implementation, and management of youth-based programs, including media campaigns, REBEL activities, smoking prevention and cessation initiatives, and Tobacco Age of Sale Enforcement (TASE) efforts.

In the meantime, we are using information gathered from our baseline studies to expand and improve our programs. For example, CTCP funded the Southern New Jersey Perinatal Cooperative to help young mothers quit smoking on a permanent basis. The need for this initiative became apparent after results from the PRAMS study showed that half of all pregnant women who quit smoking during pregnancy go back after giving birth.

When we learned from the first *New Jersey Adult Tobacco Survey* that only half of all adults think restaurants and work areas should be completely smoke-free, we increased our efforts to build public awareness of the health risks of environmental tobacco smoke (ETS). Decreasing exposure to ETS is one of the CTCP goals.

The Process Evaluation Project

In 2001, we sponsored a major process evaluation study, which entailed collecting data from grantees that could be used to evaluate and improve their program activities and administration. The research involved extensive field study of the activities, performance, achievements, and resources of the Communities Against Tobacco coalitions and dozens of our other community partners. Data collection methods included site visits, key informant interviews, report review, and ongoing monitoring of statewide activities.

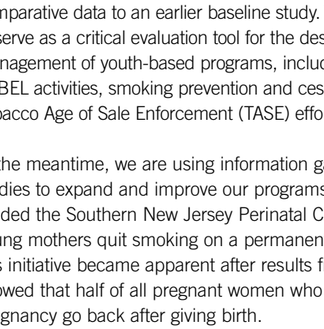
Establishing process measures that can be used to evaluate program implementation and performance is key to assessing the effectiveness of the grantee's programs overall. The study found that issues of training, communication, collaboration, and community building were common themes that the partners addressed as ways to enhance program success.

The Logic Model

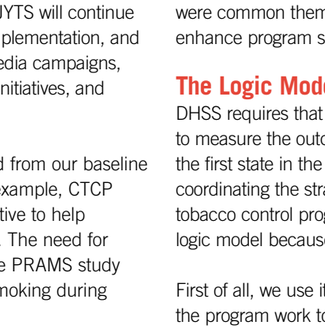
DHSS requires that all CTCP community partners use the same method to measure the outcomes of their programs. To accomplish this, we are the first state in the nation to use the logic model as a framework for coordinating the strategic planning and program evaluation among all tobacco control program providers in the State. New Jersey uses the logic model because it is relatively simple and straightforward.

First of all, we use it to show graphically how all of the components of the program work together. We also use the model to show how all components of the CTCP are needed to achieve our initial, intermediate, and long-term outcomes.

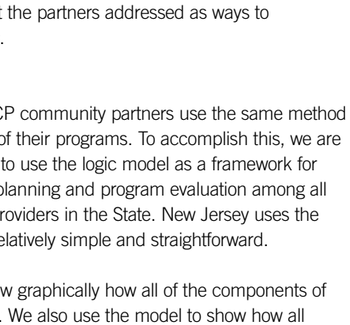
We asked our community partners to develop logic models because this helps program officers ensure that their activities relate to their anticipated outcomes. In addition, the logic model is a dynamic document that readily accommodates shifting program needs and priorities.



CD Rom capsulizes the 2000/2001 CTCP program.

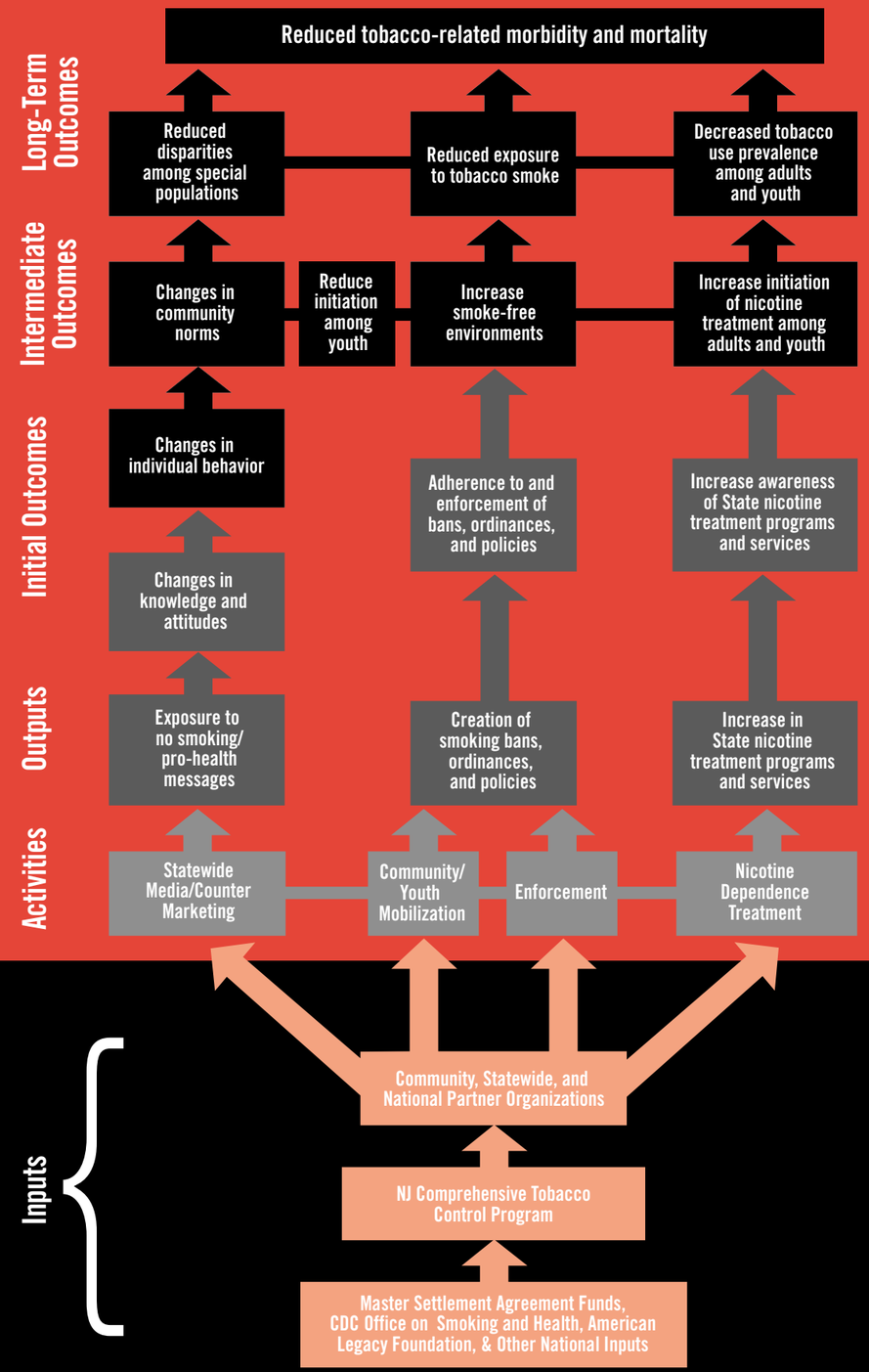


African-American Heritage Festival in Newark



REBEL focuses on the environment.

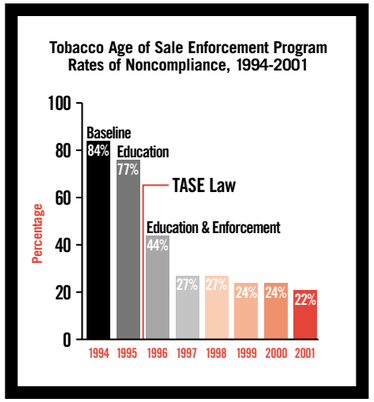
New Jersey Comprehensive Tobacco Control Program Logic Model



Tobacco Age of Sale Enforcement

Promoting New Jersey's Tobacco Laws

If we can stop retailers from selling cigarettes to our youth, we will stop many young people from starting to smoke. Although the sale of tobacco to minors (under 18) has been illegal in New Jersey since 1883, DHSS had no responsibility for enforcement until more than a century later, in 1996, when New Jersey enacted the Tobacco Age of Sale Enforcement (TASE) legislation. These laws mandated DHSS to be responsible for enforcement and permitted the Department to delegate this responsibility to local health departments. These laws also provided funding through New Jersey tobacco licensing fees. TASE is not funded by the Master Settlement Agreement.



Before TASE, most vendors routinely sold tobacco products to minors. The *1994 New Jersey Middle School Survey* reported that noncompliance rates exceeded 80 percent. In December 2001, six years after TASE went into effect, New Jersey's noncompliance rate dropped to 22 percent.

TASE's goal is simple: no sale of tobacco products to minors. However, to be realistic about what is achievable, we are incrementally reducing the level of these illegal sales. An important objective is to reduce the State noncompliance rate to levels required by federal law. This law, known as the Synar Amendment, mandates each state to enact laws restricting tobacco sales to minors and to put into place enforcement measures to achieve annual goals for noncompliance levels set by the federal government. New Jersey's 22 percent rate in 2001 puts the State well on the way to meeting the goal of 20 percent noncompliance by September 30, 2002. It is critical for New Jersey, as for all states, to meet this goal. New Jersey stands to lose up to 40 percent of federal funding ($19 million) from the New Jersey Substance Abuse Prevention and Treatment (SAPT) annual block grant award. The funding is used for essential prevention and treatment services.

An Effective Deterrent

The federal government takes these laws very seriously, as demonstrated by the level of penalties. Research shows that enforcement of laws prohibiting tobacco sales to youth is effective in preventing youth smoking. However, these restrictions alone cannot do the job. They must be combined with the other components of New Jersey's Comprehensive Tobacco Control Program to have a significant impact in reducing youth smoking rates.

Young people may turn to older friends or family members to obtain tobacco products when retailers turn them down. Data from the *2001 New Jersey Youth Tobacco Survey* indicated that the most common way high school students obtain cigarettes is to buy them in stores and at gas stations. In fact, 39 percent of teen smokers who obtained cigarettes within 30 days prior to the survey purchased them in stores. However, another 24 percent "bummed" them from others and 22 percent gave someone else money to buy them. An alarming statistic from the 2001 survey is that two-thirds of middle school and high school smokers were not asked for identification when purchasing cigarettes, underscoring the fact that there are still areas for improvement.

Nonetheless, if New Jersey continues to rigorously apply this part of the program in tandem with the other five components of the CTCP, the State will limit the appeal of tobacco products and curtail youth access to them.

The TASE Program

The TASE law states that "a person who sells or offers to sell a tobacco product to a person under 18 years of age shall pay a penalty of up to $1,000 and may be subject to a license suspension or revocation." The TASE program has two major components:

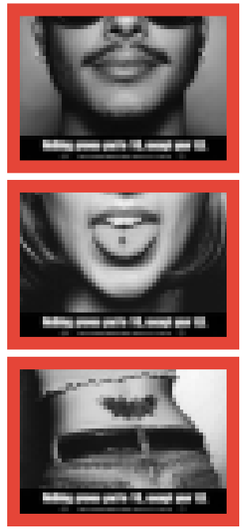
- Education of retail merchants on the law prohibiting sale of tobacco to minors; and
- Active enforcement of the law through random, unannounced inspections.

Merchant Education Program

Recognizing that there is more work ahead, we developed a promotional campaign specifically for New Jersey's TASE program and launched it in April 2002 as part of the State's merchant education initiative. The campaign is built around the theme: "Nothing proves you're 18, except your I.D." BBDO Advertising created point-of-sale display materials to be distributed to over 18,000 licensed tobacco retailers in the State – with an emphasis on the types of outlets with the highest noncompliance rates: gasoline stations, convenience stores, and restaurants.

REBEL teens participate in education and enforcement efforts by talking to vendors about TASE, and in some cases, helping inspectors by attempting to purchase cigarettes. Soon the teens will be visiting vendors to encourage them to display the new materials.

The materials include eye-catching counter mats, posters, decals, official signage, and a merchant education packet explaining the TASE program to retailers and their employees. These display items are approved by merchant association leaders.



Eye-catching point-of-sale materials communicate with minors.

9,000 Cigarettes and Counting…

Lynne Davis, 44, began smoking cigarettes when she was barely a teen, and by the time she was in high school, she had pack-a-day habit. It wasn't until almost 20 years later that Lynne tried to quit. "I had to have serious surgery," she says. Her doctor told her to quit smoking to avoid complications after the procedure. So Lynne underwent four sessions with a hypnotist, but without results. "The only time I stopped smoking was the 12 days I was in the hospital," she says. "And on the way home, I lit a cigarette."

Recently, Lynne, a social worker from Toms River, began having trouble breathing. Her doctor warned her she either had asthma or early stage emphysema. She was told to quit smoking, but a year later, she still hadn't done it. When co-workers were diagnosed with cancer, however, Lynne had a change of heart. "I have a three-and-a-half-year-old daughter and I need to be around for her," she explains.

A friend turned Lynne on to New Jersey Quitnet. "The first week, I was on it all the time. There was something very personal about it," she says. "I posted a message that said, 'Hi, I'm new. I'm going to quit tomorrow,' and I must have gotten 30 responses!" At the encouragement of New Jersey Quitnet, Lynne flew a kite after 100 days of quitting. At eight months, she participated in an ashtray toss. "It's a virtual support group. You go through it together," she says.

New Jersey Quitnet also kept track of the amount of money Lynne saved from not smoking and the number of cigarettes she hadn't smoked. "I saved about $1,800 since I quit last summer, and I used the money to buy a treadmill. And I haven't smoked around 9,000 cigarettes, which is incredible!"

Since she kicked the habit, Lynne's health has improved dramatically. She has a lot more energy, and people tell her that her skin tone looks much better. "When I was smoking, my voice was raspier and I was getting bronchitis all the time. I haven't been sick since I quit." And the treadmill? "Oh, I do 30 minutes of fast walking a day!" she beams.

Lynne recommends New Jersey Quitnet to everyone. "I tell people it was a lifesaver for me. This is the first time I was able to quit successfully – and I owe it to New Jersey Quitnet!"

Conclusion

We Are Just Beginning

This report demonstrates how DHSS has forged a Comprehensive Tobacco Control Program (CTCP) for New Jersey following CDC guidelines with funding from the Master Settlement Agreement (MSA). CDC's comprehensive approach involves:

- Preventing young people from starting to smoke;
- Eliminating exposure to environmental tobacco smoke;
- Promoting quitting; and
- Identifying and eliminating disparities in tobacco use among different population groups.

Budget (in millions)	SFY* 2002
Community Partnerships	$7.0
Youth-Focused Programs	$5.0
Treatment	$8.7
Public Awareness and Media	$6.3
Evaluation	$3.0
TOTAL	$30.0

*State Fiscal Year

The essential elements of this approach are state- and community-based programs, countermarketing, policy development, surveillance, and evaluation. In our first two years, we have incorporated these elements into an ambitious, comprehensive program. We have established baseline data, surveillance, and reporting mechanisms that enable us to evaluate programs and measure outcomes. We can document our progress. The rates of teen cigarette smoking have declined in middle schools (42 percent) and high schools (11 percent). These rates are comparable to those of other leading states in tobacco control.

Our CTCP partners have helped to pass smoke-free ordinances, promoted smoke-free restaurants, initiated smoke-free workplace policies, and educated thousands of individuals about tobacco-related issues and services. Advertising and public relations campaigns have reached a print circulation of 40 million and a broadcast circulation of more than 16 million, including multicultural media in English and Spanish.

Three smoking cessation services are reaching New Jersey smokers, including our diverse population through NJ Quitline, which offers services in 26 languages.

Protecting New Jerseyans from Secondhand Smoke

In the year ahead, the CTCP will increase emphasis on a central theme – exposure to environmental tobacco smoke (ETS). ETS is a preventable cause of death and disease that kills more than 50,000 people nationwide each year, including 3,000 deaths from lung cancer and 35,153 from heart disease.

Research has demonstrated that tobacco smoke carcinogens – cancer-causing chemicals – are absorbed by people who live with smokers. The study, published in the *Journal of the National Cancer Institute* (March 2001), provides biochemical support for the connection between environmental tobacco smoke (ETS) and lung cancer. All carcinogens contained in tobacco smoke are found in secondhand smoke. In 1993, the U.S. Environmental Protection Agency classified secondhand smoke as a Class A carcinogen – the most dangerous kind.

Exposure to ETS also is associated with low birth weight, sudden infant death syndrome (SIDS), severe respiratory infections, ear infections, asthma, and cancer. When pregnant women smoke, they expose their babies to a form of ETS.

During 2002/03, we will launch new initiatives and sustain existing efforts to educate our communities about the hazards of ETS as well as to create more smoke-free environments within the State. Initiatives will include:

- Increasing support for the efforts of community partners to multiply the number of voluntary smoke-free policies and ordinances in the State;
- Outreach to employers to promote smoke-free worksites and to disseminate information about New Jersey's Quit services;
- Promotional advertising and media campaigns for New Jersey's Quit services that underscore messages about the dangers ETS poses to loved ones;
- Proactive support for smoke-free college and university campus policies;
- REBEL initiatives to educate communities about the negative impact of ETS on family members;
- Outreach to pregnant women promoting cessation to protect their children from ETS; and
- Continued evaluation of New Jerseyans' perceptions, attitudes, and behaviors regarding ETS.

The Return on Investment – Looking Ahead

Significant benefits can be achieved through a sustained tobacco control program. By reducing tobacco use just 1 percent per year for five years, New Jersey could:

- Achieve 307,000 fewer smokers
- Save more than $3.7 billion in lifetime health costs

The Funding Equation

The CDC ranks New Jersey as 11th in the nation in its commitment of funds from the MSA to tobacco control initiatives. We are among the states that have put a significant number of MSA dollars toward tobacco prevention and treatment programs. New Jersey's commitment is in the spirit of the Master Settlement Agreement – to serve the public health interests of all citizens – smokers and nonsmokers, young and old alike.

However, running a successful program depends on sustained funding. California's experience illustrates the possibilities and problems associated with maintaining a strong program. Between 1989 and 1993, when the program was large and aggressive, the state achieved rapid declines in smoking. These declines stopped in the mid-1990's when funding was cut.

As evidence of the cost-benefit relationship, recent data from California and Massachusetts show that the health gain from lowering smoking prevalence can be detected within a few years of program implementation. Lower prevalence accounts for the prevention of tens of thousands of cancer and cardiovascular deaths each year.

"We now know what works. We just need to do it."
– Former U.S. Surgeon General, David Satcher, M.D.

These studies also report that comprehensive tobacco control saves $2 to $8 in healthcare costs for every dollar spent. These savings make tobacco control an excellent healthcare investment. We cannot afford to lose the momentum that we have established.

Thank You
John Downey Slade, M.D. 1949-2002
"An Authentic Hero"

Dr. John Slade, distinguished New Jersey physician and tireless crusader in the campaign to stop the harm caused by tobacco use, died on January 29, 2002, at a family home in Rabun County, Georgia. He was 52. Dr. Slade was a pioneer in raising public awareness of the addictive power of nicotine. His research to prove that cigarettes are nicotine delivery devices helped make it possible for the U.S. Food and Drug Administration to claim regulatory authority over tobacco products.

Dr. Steven Schroeder, president and CEO of The Robert Wood Johnson Foundation, called John Slade "one of the authentic heroes of the anti-tobacco movement." Dr. Slade contributed to the U.S. Surgeon General's reports on smoking and health. He was a member of the team that conducted the first scholarly analysis of tobacco company Brown and Williamson's internal documents, which formed the basis for the film "The Insider." His analysis led to a series of papers published in *The Journal of the American Medical Association* (1995) and the book "The Cigarette Papers" (1996). He was a leader in the international tobacco control movement working for global changes in smoking laws.

In New Jersey, Dr. Slade played a major role in helping the Department of Health and Senior Services (DHSS) develop its Comprehensive Tobacco Control Program (CTCP), funded by the Master Settlement Agreement. Dr. George DiFerdinando, Jr., DHSS's deputy commissioner, called Dr. Slade, "The godfather of our tobacco control community."

Dr. Slade was the Director of the Program for Addictions at the University of Medicine and Dentistry of New Jersey - School of Public Health (UMDNJ - SPH). In 1998, he was appointed professor of medicine at the Robert Wood Johnson Medical School.

Dr. Slade is remembered in the medical and public health communities as a leader in tobacco control and a strong public health advocate.

"He knew just about everything worth knowing about the tobacco industry's history and about the whole political and social framework of cigarette smoking. Thanks to John Slade, millions of Americans have a better understanding and a better chance at not being enslaved to this terrible addiction as a result."
– Dan Zegart, author of Civil Warriors: The Legal Siege on the Tobacco Industry.

"Any list of the most effective, dedicated and savvy tobacco control researchers and activists would have John in the front line." – *Simon Chapman, Editor, Tobacco Control: An International Journal*

"He nearly single-handedly brought tobacco control to the fore at the American Society for Addiction Medicine. Through STAT (Stop Teenage Addiction to Tobacco) he worked on many issues that helped us think about the 'pediatric disease' of tobacco use." – *Thomas P. Houston, M.D., American Medical Association Co-Director, SmokeLess States National Tobacco Policy Initiative.*

"As I reviewed the (Brown and Williamson) documents, it rapidly became obvious that they warranted a careful analysis by experts in tobacco control... John not only had the scientific knowledge that was required, but also was steeped in the policy implications of this knowledge."
– *Stanton A. Glantz, PhD, Professor of Medicine and member of the Institute for Health Policy Studies and the Cardiovascular Research Institute at the University of California, San Francisco*

"There is no person who has done more over the years to promote tobacco prevention and cessation."
– *Matthew Myers, Executive Vice President, National Center for Tobacco-Free Kids.*

"New Jersey has lost a champion: a public health advocate and a rigorous scientist. He insisted that the science be accurate. He is a model for those of us in the New Jersey public health and healthcare arenas to emulate."
– *Clifton R. Lacy, M.D., Commissioner, Department of Health and Senior Services.*

Our Mission:

Decrease deaths, sickness, and disability among New Jersey residents who use tobacco or are exposed to environmental tobacco smoke.

CTCP

NEW JERSEY

Comprehensive Tobacco Control Program